

Lincoln Police Department – Alarm Registration

Business or
Resident name: _____ Date: _____

Address: _____ Phone: _____
 Number Street Zip Code

Owner of Business / Residence

Name: _____

Address: _____

Phone: _____

Owner of Building / Residence

Name: _____

Address: _____

Phone: _____

Notification - List by priority persons to call in case of an emergency

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Alarm Information

Alarms:

Fire Alarm () Yes () No

Burglar Alarm () Yes () No

Night Light () Yes () No

Serviced by:

Please return this form to:

LeAnn Hamner
Lincoln Police Department
575 S. 10th Street
Lincoln NE 68508
(402) 441-7214 Fax (402) 441-8492

Note: When changes occur in this form, such as persons to notify, please submit a new form to make corrections.